FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L47255** **(9)**

1. Corporation Name
LEADER HEALTH CARE CENTER, INC.

Principal Place of Business	Mailing Address
5400 S UNIVERSITY DR. STE 108 DAVIE FL 33328 US	4491 S S.R. 7. STE 314 S-200 FT LAUDERDALE FL 33314 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/29/1990
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business 21	2a. Mailing Address 26: 4491 South State Road 7
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: S-200
City & State 23	City & State 28: FT. LAUDERDALE, FL
Zip 24 / Country 25	Zip 29: 33314 / Country 30: USA

4. FEI Number: 65-0173137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BOISVERT III, LOUIS W
4491
S-200
FT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 4491 South State Road Seven
83: Suite 200
84 City: SAME **FL** 85 Zip Code: SAME

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	FINGERHUT, MITCHELL	12 NAME		
STREET ADDRESS	1011 N. FEDERAL HWY.	13 STREET ADDRESS	NO LONGER WITH CORP.	
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	STRIKOWSKI, JAKE	22 NAME		
STREET ADDRESS	4491 S SR 7 STE - 200	23 STREET ADDRESS	NO LONGER WITH CORP.	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE	DP	31 TITLE	DP	☒ Change ☐ Addition
NAME	KALMM, ULLRICH	32 NAME	KLAMM, ULLRICH	
STREET ADDRESS	4491 SO SR 7 STE-200	33 STREET ADDRESS	SAME	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	S	☒ Change ☐ Addition
NAME	BOGARD, SHARON	42 NAME	BERNIS O'DONNELL, CAROL	
STREET ADDRESS	4491 S SR 7 S-200	43 STREET ADDRESS	SAME	
CITY-ST-ZIP	FORT LAUDERDALE FL	44 CITY-ST-ZIP		
TITLE	DVP	51 TITLE		☐ Change ☐ Addition
NAME	BOISVERT, LOUIS W	52 NAME		
STREET ADDRESS	4491 SO SR 7 S-200	53 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	54 CITY-ST-ZIP		
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	DOBROVOSKY, LISA	62 NAME		
STREET ADDRESS	4491 S SR 7 S-200	63 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0223332 CP